

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033832

FILED  
May 01, 2008  
Secretary of State

Entity Name: FIRST FEDERATED TITLE, LLC

## Current Principal Place of Business:

8870 N HIMES AVE  
SUITE #412  
TAMPA, FL 33614

## New Principal Place of Business:

3830 W. HUMPHREY STREET  
TAMPA, FL 33614

## Current Mailing Address:

8870 N HIMES AVE  
SUITE #412  
TAMPA, FL 33614

## New Mailing Address:

3830 W. HUMPHREY STREET  
TAMPA, FL 33614

FEI Number: 20-8765726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

EMRICH, PATRICK  
8870 N HIMES AVE  
SUITE 412  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

EMRICH, PATRICK  
3830 W. HUMPHREY STREET  
TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: EMRICH, PATRICK  
Address: 8870 N HIMES AVE #412  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: EMRICH, PATRICK  
Address: 3830 W. HUMPHREY STREET  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK A. EMRICH

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date